			FILE			
	1	COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 I	JAN 8 - 1/			
	2		RICHAL STOP			
	-3	3 (Last) (First) (Initial) NOR	CLERK ARD W			
	4	Prisoner Number K-29436 - SaliNAS VAlley State Prison				
	5	Institutional Address P.O. Box 1050 D3-126L SoledAd, CA. 93960				
	6	6				
	7	UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA				
÷	8					
	9	(Enter the full name of plaintiff in this action.)  Wr. Robert L. Thylor K-29436 (Enter the full name of plaintiff in this action.)   O 75				
	10	O vs. Case No. (To be provided by the Cle	rk of Court)			
	11	1 WARDEN EVANS, COMPLAINT UND				
11	12	CMO CANGLEE & SALINAS CIVIL RIGHTS ACT,				
	13	VALLEY STATE PRISON'S MENCAL )				
$\land$	14	(Enter the full name of the defendant(s) in this action)	ng			
K	15					
12	16	[All questions on this complaint form must be answered in order for your action to proceed]				
h	17					
N	18		can go			
1	19	forward. The court will dismiss any unexhausted claims.]				
1	20					
$\mathcal{L}$	21	1				
4	22					
$\sim$	23		grievance			
	24	· [	İ			
	25					
	26					
	27		oi appeal,			
	28	8 explain why.				

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COMPLAINT

		1. Informal appeal SVSP-07-01837 Bypassed-Istated
		APPEAL ON 4-06-07. This appeal was lost, but
		later found after I kept pressing for AN ANSWER.
		2. First formal level BYDASS SYSP-D-07-01837 Not
;		taken serious until 2/07 thru 4/07 I was paid
		NO Attention. All the while complaining of PAIN
		3. Second formal level SVSP-D-07-01837 Never taken
3		Senous except by a Dr. Kumar & mental Health
	*.	Staff ON 1)-YARD IN A lot of DAIN At EVERY LEVEL.
		4. Third formal level No bod DAID ANN Attention to
		ADDEA #345P-1)-07-01837. I had to have
		A SURgery At STANFORD DLUS RADIATION, AND MORE.
	<b>E</b> .	Is the last level to which you appealed the highest level of appeal available to
		you?
;		YES (>4) NO()
;	F.	If you did not present your claim for review through the grievance procedure,
ex	plain why.	
, [		
JJ.	Partie	S.
	A.	Write your name and your present address. Do the same for additional plaintiffs,
		if any.
	Mr.	Robert L. TAYLOV K-29436 SALINAS VALLEY STATE
1	150N Y.	U.BOX 1050 SoledAd, CA. 93960 D3-126L
	В.	Write the full name of each defendant, his or her official position, and his or her
,		place of employment.
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CC	TALK TOLAC	2-

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:	woodad Emple at Salialac Valled
1	WARDEN EVANS HI SHITTED
2	STATE PRISON. FOLGOX 1850 SOLEDAN, CA. 1
3	43900
4	
5	III. Statement of Claim.
6	State here as briefly as possible the facts of your case. Be sure to describe how each
7	defendant is involved and to include dates, when possible. Do not give any legal arguments or
8	cite any cases or statutes. If you have more than one claim, each claim should be set forth in a
9	separate numbered paragraph.
10	I was accepted 4/27/05 in good health at Salinas Valley State
11	prison in the best of health. My bottom lip was busted in
12	A seizure Attack. I complained about my bottom lip, it
13	WASN'T healing. I was IN PAIN CONSTANTLY, AS WELLAS
14.	Not healing. I was never taken serious, wor did the
15	pain ever leave me. I submitted a total of (3) appeals
16	which somehow Kept coming up missing. The 3rd appeal
17	came up missing as well, but was eventually bund from
18	2005 (n) UN fil 2007 Feb-March, I complained to the
19	Medical Staff about pain & cracked bleeding lower lip.
20	I should have been taken more serious. Maybe the
21	cutting (surgery) could have been avoided. I have All
22	records from begINNING to NOW. I have been diagnosed with cancer later than it should have been.
23	IV. Relief.
24	Your complaint cannot go forward unless you request specific relief. State briefly exactly
25	what you want the court to do for you. Make no legal arguments; cite no cases or statutes.
26	I want to sue for money (6+7 million dollars) As well
27	AS All or ANY Future payments to doctors & Lawyers
28	taken care of by respondents. To be able to show and
	•

**COMPLAINT** 

explain All the records I have with a lawyer tell my mental thealth ONE WAY OF ANother I declare under penalty of perjury that the foregoing is true and correct. (Plaintiff's signature) 

oledad, Calle 93960

# Phodu D3-126L

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HSC Colden GATE Avenue Box 36060

AN FANKISCO, CALF 94102

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